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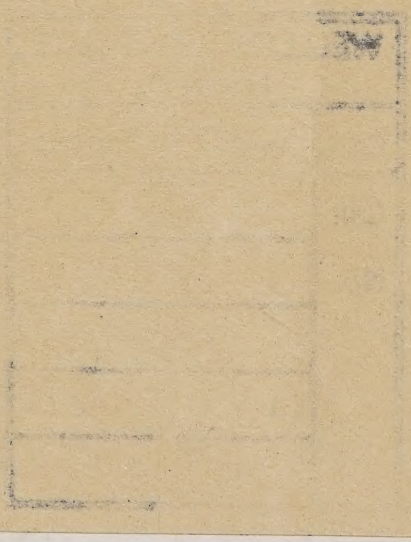

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LEPROSY. SOME NOTES ON SYMPTOMS.

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THE study of leprosy has been so largely devoted to the bacteriology and pathology of the disease that the many clinical aspects presented have not been emphasized. The disease has many interesting manifestations that should be studied and recorded, until such time as definite conclusions may be reached.

From practically no early symptoms, or symptoms that are indefinite and vague, the gradual progress of the disease carries with it a variety of symptoms, subjective and objective, to the final stages of the disease which are indeed complex. After the disease is definite, in both the tubercular and anesthetic types of leprosy, almost every new lesion is accompanied with some systemic disturbance. The more frequent the lesion the greater the upset to the patient, and the severer the lesion the more distressing and serious are the accompanying symptoms.

Observations made here on fifteen patients hardly warrant authoritative statements at this time, but these notes are presented for whatever value or interest they may have.

Stages of the disease can hardly be spoken of, unless it means the merging of one type into another. The disease is in the beginning insidious, and later so progressive that any attempt to define stages must necessarily be purely fictitious. So-called physiological disturbances such as headache, constipation and minor ail-

ments, may often be viewed as part of the disease, but are not, necessarily, unless they are regular in onset or similar in most of the cases. The isolation and depressing surroundings may be responsible for the many temperamental attacks, so common among the patients here. Lack of exercise, mental torpor, national idosyncrasies and other real, or imaginary, conditions may all affect the patient. Consequently it is necessary to be careful not to assume that certain symptoms or mental states are part of the disease.

Lesions. The theory has been advanced and somewhat substantiated, that the original lesion is on the nasal mucous membrane in the form of an ulcer. The examination of every patient, with the exception of one anesthetic type case, showed ulceration or thickening of the nasal mucous membrane, some but slightly, but the majority extensively affected. The symptoms present and complained of were, difficulty in breathing through the nose, some irritation and occasional pains, discomfort during the sleeping hours and the resulting dryness of the throat.

Ulcers with a pus or watery serous discharge are, of course, the common lot of all lepers, with the exception usually of the anesthetic cases. These ulcers vary in size, are painful only in the beginning, but later may be almost entirely anesthetic, with a surrounding ring of one-half inch or more, also anesthetic and sometimes pigmented. Often and usually before the appearance of an ulcer or ulceration on the feet or hands, there is a preceding swelling accompanied with severe pain, elevation of temperature even up to 104°, rapid pulse, headache, nausea, vomiting and true chills. As soon as the swelling has become strictly localized, and

an ulcer results with free discharge, the symptoms disappear, leaving the patient for several days in a depressed, weakened condition. Areas of ulceration may be in a finger, a hand, or extend from the knee to the foot and include both feet. When healing in such cases takes place, the skin is enormously indurated and largely anesthetic. The symptoms are severer in these cases than in the case of the occurrence of a single ulcer. Alternate swelling and ulceration produce disfigurement and deformities; when the fingers are affected the finger nails become thickened, later on undergo softening, and ultimately result in the loss of the finger tips. Tremendous enlargement of the hands, forearms, ankles, feet and parts of the face are common features in the typical cases of tubercular leprosy. Constant inflammation of the skin results in its becoming thickened, forming ridges, folds and nodules, so that the features of the face become entirely changed. Such changes are gradual and slow and are accompanied by practically no pain or other symptoms.

The softening and breaking down of nodules or small swellings is fairly common. These are often slightly painful due probably to pressure and to some extent, to the involvement of the nerves. In the pus and discharges the acid fast bacillus of leprosy and a micrococcus are always found. Without being visible to the eye there may be numerous small nodules or infiltrations underlying the skin, which are only discovered when the hand is firmly stroked along the parts.

Bullae or blebs may occur naturally in the course of the disease or may be induced by friction or injury to the skin, as by scrubbing or washing. These have occurred only on the

hands and feet. The bullae vary in size from a dime to areas covering the whole surface of a finger, are considerably elevated and filled with a clear amber colored fluid, which contains both the leprosy bacillus and a micrococcus. These bullae have occurred only in the tubercular type of cases; they occur rapidly and may last several days, leaving an inflamed, watery surface, which is usually easily amenable to treatment. An eruption occurs at irregular intervals over the back, shoulders and chest, similar to the rash that accompanies digestive disturbances, and not unlike that of ivy poisoning. It usually lasts the better part of a week, and is accompanied by true chills in most cases, elevation of temperature and pulse, malaise, vague pains, headache and depression. This phenomena has been alluded to as a malarial condition, but in truth does not in any way resemble typical malarial fever attacks. An examination of the blood does not reveal the malarial parasite or bodies analogous to them.

In the nature of an eruption are the occurrences of pustules containing both the leprosy bacillus and a micrococcus. These pustules may occur singly and later form an ulcer, may coalesce, or may occur in crops, develop, break down and heal, leaving slightly pigmented spots as a result. In two cases this occurred all over the limbs, upper and lower, and continued for nearly two months. The attack was accompanied by fever and some pain, and resulted in numerous pigmented areas. In both the tubercular and anesthetic cases, small pigmented spots occur without apparently preceding open, active inflammation or ulceration. At or near the lesions, the skin may be excessively dry and

scaly, or it may be moist and secretive, and is most typical on the hands, legs and feet.

In the nasal secretions, discharges from ulcers, fluid from bullae and in the pus from pustules, the acid fast bacilli of leprosy has been found.

Pain. This symptom varies so considerably in all patients that it is probably of little value. It differs in degree during certain phases of the disease and the patient's general health has much to do with it. The difficulty in ascertaining the degree of pain is increased by anesthetic and hyperesthetic areas. Neuralgia or so-called rheumatic pains of a very indefinite origin are common, excepting with the anesthetic cases. These pains are most frequently complained of at night time, severer in cold weather, of varied duration, and apparently not associated with other symptoms. Often during a febrile attack such neuralgia-like pains are present but are not to be confused with the same pains as stated above.

Localized pain with swelling and inflammation usually precedes an ulcerative process. It may be totally relieved when there is a free discharge and subsidence of the swelling, or it may lessen and be of longer duration. The pain is often so severe that sedatives and opiates have to be prescribed. The accompanying symptoms have already been mentioned.

Pain as a result of nerve involvement in leprosy, such as occurs with the optic nerve, will not be dealt with here. Pain, associated with all the signs of inflammation of the eyes and eye lids, is usually severe, the itching, burning and lacrymation being especially troublesome, and does not respond easily to treatment. The eyesight is affected only after a long time, when

the inflammation and its after results, affect the deeper tissues of the eye. Headache, unless occurring with or during febrile attacks, are of so obscure an origin, that its analysis is useless.

Burning and itching are common complaints. Burning or warm sensations are usually so vaguely described and so indefinitely localized, that they may simply be mentioned here as a symptom commonly spoken of in leprosy. Itching and biting sensations are not rare and are usually referred to the back and abdomen; they are generally associated with a dry condition of the skin. The itching is readily relieved with salves or ointments, and consequently is probably not indicative of actual peripheral nerve involvement.

Sweating. It has been stated that sweating is a symptom common to leprosy, but from the cases studied here it has been impossible to determine it as such. The systemic disturbances are so marked in the advanced stages of the disease, when nervous symptoms, exhaustion, weakness and the anxiety of the patient are all present, that it is questionable indeed whether we should view sweating as a symptom of the disease. Sweating, as is well known, is concomitant with chronic exhausting diseases, such as tuberculosis, and it is in all probability the same with leprosy. In leprosy sweating often follows the severe chills during the febrile attacks when the patient is certainly in a low physical condition.

Chills. The patient may at irregular intervals suffer from true chills, as has already been mentioned, and at such times as active inflammatory changes take place, and tissues break down, and ulcers occur. It is possible to consider such chills as the result of the softening

and breaking down of nodules and other areas of infiltration and that the bacilli, or their toxic properties, are then set free and taken into the blood stream with the resulting disturbance. Chills with septic infection, typhoid and malaria, are of course well known, and the analogy here is not at all far drawn. These chills are often severe, with great systemic disturbance, the patient is prostrated, the temperature may rise three or four degrees or suddenly drop to subnormal, with the pulse essentially agreeing with the temperature. The chills last from a few minutes to the greater part of an hour, and may occur as often as four or five times in twenty-four hours; or again there may be a single chill, without recurrence for months.

Apart from the occurrence of true chills, chilliness is often a complaint, and more marked with the patients who are anemic. Chilliness may be complained of on the brightest and sunniest days and when the patient is free from all other symptoms and is not associated with digestive or intestinal troubles. The question of the blood picture during true chills will be dealt with in another note. In the anesthetic cases here, no chills or feeling of chilliness has been noticed, it being most noticeable in the far advanced tubercular leprosy patients.

NOTES AND CONCLUSIONS.

A. When the disease is advanced the patient's health varies daily; he feels exceptionally well one day and the next presents every symptom and appearance of a seriously sick person.

B. In comparison to the severe symptoms and general appearance of the patient, physical examination will reveal nothing. Lungs and

abdomen are normal, and with the exception of a soft systolic murmur over the precordia, the heart is normal.

C. During eruption the skin is usually hot and dry.

D. Extreme mental depression at irregular intervals and nervousness are characteristic of every case.

E. Ulcers may heal rapidly and continually, or, as is seen in one or two cases, they become chronic and refuse to respond to treatment. Medicinal treatment varies in each case; in leprosy this fact is particularly accentuated.

F. The clinical symptoms of leprosy, although somewhat confused and often indefinite, are, nevertheless, correct symptoms of the disease and in the care and treatment of leprosy patients, are to be carefully observed and seriously considered. The consideration of the pulse, temperature and blood are so important and instructive, that a more careful study is being made and will, in all probability be reported in the future.

In conclusion I wish to thank Dr. Frank H. Parker, superintendent Penikese Island Hospital, for his kindly advice and criticism in the preparation of this paper.

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